

ABSTRACT OF THE DISCLOSURE

The present invention relates to a surgical access port for insertion into a body cavity having an elongate tubular body extending along an axis between a proximal end and a distal end, and a tip disposed at the distal end of the tubular body for penetrating through a body wall and into the body cavity. The distal tip operates to move from a first, penetrating position to a second, retaining position when the body wall has been traversed. The surgical access port may further comprise a seal housing operably connected to the proximal end of the tubular body, the seal housing having an access port providing an opening into the tubular body to allow passage of surgical instruments. The distal tip may be sharp, pointed or bladed. The distal tip may also be substantially blunt or have a conical surface. The access port may further comprise a retention member for connecting the tubular body and the distal tip. The retention member may be biased to hold the distal tip in an off-axis position when there is no axial load, or it may be lightly held in axial alignment and subsequently deflected in the presence of an instrument within the tubular body. The distal tip, which may comprise one or more parts or petals, may reposition to the side of the tubular body in a substantially right-angled condition in the second, retaining position. The repositioned tip remains in an off-axis condition until removal of the access port, at which time the distal tip automatically realigns with the axis of the tubular body as the access port is withdrawn from the body wall. The tubular body may be a thin walled tube. The distal tip may comprise a conical, tapered or rounded shape to separate tissue layers. The distal tip may be solid or hollow, which may act as a specimen bag by closing on a specimen and pulled inside the tip during removal of the access port. The distal tip may be formed from a clear material to allow viewing through an endoscope during placement of the surgical access port.